

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2009		BOEHMERP-0043
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		
Application Number 10/551,298		Filed September 23, 2005
For DETERMINATION OF A MID-REGIONAL PROADRENOMEDULLIN PARTIAL PEPTIDE . . .		
Art Unit 1641		Examiner Christine E. Foster

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>1110.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card via EFS. (3rd Month only - \$620.00)

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent. Registration Number 27,969.
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.

<u>/Anthony J. Zelano/</u>	August 17, 2011
<u>Signature</u>	Date
<u>Anthony J. Zelano</u>	<u>(703) 243-6333</u>
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.